

Arizona Department of Health Services

Division of Behavioral Health Services

Strategic Plan

Fiscal Year 2005



Leslie Schwalbe  
Deputy Director

August 16, 2004

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Dear Colleague:

*It is my pleasure to present the Arizona Department of Health Services/Division of Behavioral Health Services Fiscal Year 2005 – 2009 Strategic Plan. This year our strategic planning process is rooted both in local issues facing our behavioral health system and the President's New Freedom Commission's Final Report on Achieving the Promise: Transforming Mental Health Care in America. Through a series of planning sessions, the Division and our stakeholders have formed the following strategies and objectives to support moving the behavioral health system forward during fiscal year 2005 and beyond.*

- PROMOTE UNDERSTANDING OF THE IMPORTANCE OF BEHAVIORAL HEALTH IN OVERALL WELLNESS
  - *Improve suicide prevention and treatment services in collaboration with other organizations*
  - *Collaborate with the primary care system to improve services to those with serious co-occurring physical and behavioral health disorders*
  - *Collaborate with stakeholders to reduce the stigma associated with being a behavioral health recipient*
- ENSURE PROVISION OF CONSUMER AND FAMILY-FOCUSED BEHAVIORAL HEALTH CARE
  - *Actively involve consumers and families in the design, implementation and monitoring of the behavioral health system*
  - *Develop, implement and monitor an individual assessment and plan of care with every consumer and family*
  - *Ensure the Arizona Principles are implemented by out-of-home providers*
  - *Implement the federal grievance system requirements*
  - *Implement the statutory expansion of the oversight responsibilities of Regional Human Rights Committees to include the Non-Medicaid, Non-Seriously Mentally Ill population*
- ENHANCE ACCESS TO SERVICES WHERE BARRIERS EXIST
  - *Improve access to culturally competent behavioral health care*
  - *Improve access to care in rural and geographically remote areas*
  - *Expand and enhance the statewide network of providers*
- ESTABLISH A COMMON PRACTICE OF EARLY BEHAVIORAL HEALTH SCREENING, REFERRAL AND ASSESSMENT
  - *Implement the early childhood assessment*
- PROMOTE SERVICE EXCELLENCE THROUGH IMPLEMENTATION OF BEST PRACTICES
  - *Execute a systematic method to implement best practices across the statewide publicly funded behavioral health system*
  - *Continue to develop and implement the best possible publicly funded behavioral health system'*
- ENSURE THAT DATA COLLECTED IS REPORTED ACCURATELY AND MADE ACCESSIBLE
  - *Improve submission of claims and encounters received from providers and Regional Behavioral Health Authorities*
  - *Improve the timeliness, completeness, accuracy and consistency of enrollment and disenrollment transactions and demographic data sets*
  - *Improve the information and reports available to meet community needs*

*I wish to express my appreciation to everyone who contributed to shaping this strategic plan. We realize our plan is far-reaching and broad. We remain committed to working in partnership with the community in order to make a difference in the lives of Arizonans.*

*Sincerely,*

*Leslie Schwalbe  
Deputy Director*

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 1: PROMOTE UNDERSTANDING OF THE IMPORTANCE OF BEHAVIORAL HEALTH IN OVERALL WELLNESS**

**Objective 1: Improve suicide prevention and treatment services in collaboration with other organizations**

**Lead Person: Lisa Shumaker**

Action Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Research the characteristics, needs and resources of groups at risk for suicide.	Lisa Shumaker Heather Brown	October 31, 2004  Characteristics identified	
2. Work through the Suicide Coalition to identify best practices for primary prevention, crisis assessments and treatment for persons at risk for suicide and their families	Lisa Shumaker Heather Brown Heather Koch	February 28, 2005  Best practices identified	
3. Develop standardized crisis assessment tool and treatment guidelines utilizing best strategies for persons at risk for suicide and their families including survivor groups.	Lisa Shumaker Heather Brown Dr. Dennis	June 30, 2005  Tool and guidelines developed	
4. Develop training for RBHAs and providers on best practices in primary prevention and treatment of persons at risk for suicide and their families	Lisa Shumaker Heather Brown Dr. Dennis	September 30, 2005  Training developed	
5. Implement training for RBHAs and providers on best practices in primary prevention and treatment of persons at risk for suicide and their families	Lisa Shumaker Heather Brown Dr. Dennis	November 30, 2005 and ongoing  Training Implemented	
6. Develop a public education campaign to increase awareness of the suicide risk problem and services available	Lisa Shumaker Heather Brown Heather Koch	July 1, 2006  Campaign developed	
7. Implement a public education campaign to increase awareness of the suicide risk problem and services available	Lisa Shumaker Heather Brown Heather Koch	January 1, 2007 and ongoing  Campaign implemented	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 1: PROMOTE UNDERSTANDING OF THE IMPORTANCE OF BEHAVIORAL HEALTH IN OVERALL WELLNESS**

**Objective 2: Collaborate with the primary care system to improve services to those with serious co-occurring physical and behavioral health disorders**

**Lead Person: Dr. Dennis**

Action Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Establish an ADHS/AHCCCS taskforce for the coordination of care collaborative effort	Dr. Dennis Rose Cancellieri	February 1, 2005  Taskforce established	
2. Establish an agreed upon set of principles for coordination of care to guide the collaborative effort	Dr. Dennis Taskforce Members	March 1, 2005  Principles established	
3. Identify information and data to define the problem areas to be addressed by the taskforce	Dr. Dennis Taskforce Members	April 1, 2005  Problem areas identified	
4. Develop possible solutions (best practices, protocols, or other methods) for each of the problem areas to be addressed	Dr. Dennis Taskforce Members	June 1, 2005  Solutions developed	
5. Develop a plan of action for each of the possible solutions to be targeted by the project, including the outcome measures for improvement.	Dr. Dennis Taskforce Members	October 1, 2005  Implementation Plan developed	
6. Implement a plan of action for each of the possible solutions to be targeted by the project, including the outcome measures for improvement	Dr. Dennis Taskforce Members	January 1, 2006  Plan implemented	
7. Evaluate effectiveness of the project through tracking, monitoring and analyzing results (specific outcome measures and data elements).	Dr. Dennis Taskforce Members	July 30, 2006 and ongoing Collect data  September 1, 2006 Project effectiveness analyzed	
8. Implement additional actions that will support and sustain the outcomes that are attained, possibly including development of an interagency collaborative agreement and contract or policy changes, and application to Non-TXIX/XXI populations	Dr. Dennis Taskforce Members	March 1, 2007  Sustaining actions completed	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 1: PROMOTE UNDERSTANDING OF THE IMPORTANCE OF BEHAVIORAL HEALTH IN OVERALL WELLNESS**

**Objective 3: Collaborate with stakeholders to reduce the stigma associated with being a behavioral health recipient**

**Lead Person: Vicki Staples**

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Form a stakeholder work group to identify issues related to stigma in the ADHS/DBHS system.	Vicki Staples	July 30, 2005 Workgroup established	
2. Assess available national information for identifying issues and initiatives.	Vicki Staples Workgroup	October 31, 2005	
3. Identify specific topics and target audiences for an anti-stigma campaign within the DBHS system.	Vicki Staples Workgroup	December 31, 2005 Audiences identified	
4. Develop a plan, including a public education campaign, to reduce stigma of behavioral health recipients within the DBHS system	Vicki Staples Workgroup		
a. Develop plan to reduce stigma		a. January 30, 2006 Plan developed	
b. Develop a public education campaign		b. March 31, 2006 Campaign developed	
5. Implement the plan, including a public education campaign, to reduce stigma of behavioral health recipients within the DBHS system.	Vicki Staples Workgroup		
a. Implement stigma reduction plan		a. July 30, 2006 Plan implemented	
b. Implement public education campaign		b. July 1, 2007 Campaign implemented	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 2: ENSURE PROVISION OF CONSUMER AND FAMILY-FOCUSED BEHAVIORAL HEALTH CARE**

**Objective 1: Actively involve consumers and families in the design, implementation and monitoring of the behavioral health system**

**Lead Person: Dr. Franczak**

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Actively involve consumers and family members in the performance improvement plan for Arnold v Sarn	Dr. Franczak QME Bureau Chief Vicki Staples Dr. Dennis	August 2, 2004 and ongoing Number of consumers and family members actively involved	
2. Actively Recruit more consumers and family members to participate in the RFP Evaluation.	Suzanne Rabideau	December 1.2004 Number who participated in the RFP Evaluation Process	
3. Develop a recruitment plan for involving consumers and families in ADHS activities.	Dr. Franczak Dan Wendt Tim Miller, Suzanne Rabideau Ray Legenzoski Sheila Lopez Susan Morgan	March 1, 2005 Plan developed	
4. Solicit consumer and family members' input on the consumer satisfaction survey content and process and add new components to consumer satisfaction survey	Dr. Franczak QME Bureau Chief	April 15, 2005 Consumer Satisfaction Survey and process modified	
5. Implement recruitment plan.	Dr. Franczak Dan Wendt Tim Miller Suzanne Rabideau Sheila Lopez Ray Legenzoski Susan Morgan	May 1, 2005 Plan implemented	
6. Actively recruit more consumers and family members for the Policy Committee	Dan Wendt	July 1, 2005 Number who participate in policy Development and	

# ADHS/DBHS STRATEGIC PLAN 2005 – 2009

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
		Review	
7. Actively recruit more consumers and family members to the HRC.	Jason Smith	July1, 2005 Number who participate on Human Rights Committees	
8. Train internal staff and RBHAs and family members on the Family Involvement Checklist.	Dr. Franczak Dan Wendt Tim Miller, Suzanne Rabideau Vicki Staples Christy Dye Susan Morgan Heather Koch	September 1,2005 Training Completed	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 2: ENSURE PROVISION OF CONSUMER AND FAMILY-FOCUSED BEHAVIORAL HEALTH CARE**

**Objective 2: Develop, implement and monitor an individual assessment and plan of care with every consumer and family**

**Lead Persons: Dr. Franczak**

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Monitor implementation of new assessment and Clinical Liaison process through ongoing Assessment Committee and Urgent Response Committee meetings and other mechanisms to be developed then included in the updated Strategic Plan.	Dr. Franczak Dr. Lederman Dr. Dennis Christy Dye Frank Rider Betsy Byler Vicki Staples	July 1, 2004 and Ongoing Quarterly Updates provided to Core Team and AHCCCS via strategic plan update	
2. Provide additional training and/or technical assistance as necessary.	Clinical Trainers	July 1, 2004 and Ongoing Quarterly Updates provided to Core Team and AHCCCS via strategic plan update	
3. Plan, develop and implement Arnold v Sarn performance improvement plan.	Dr. Franczak QME Bureau Chief Vicki Staples	July 20, 2004 and ongoing Performance Improvement Plan written, implemented and evaluated	
4. Prepare Center for Medicare and Medicaid Services (CMS) performance improvement plan with the Arizona State Hospital	Dr. Dennis Jack Silver Dr. Franczak Vicki Staples	August 6, 2004 Performance Plan completed and submitted to CMS	
5. Put active treatment and a plan to sustain active treatment into place at the Arizona State Hospital	Dr. Dennis Dr. Franczak Jack Silver Vicki Staples	August 9, 2004 and ongoing  Ongoing Review treatment plans to ensure active treatment is planned and delivered	
6. Immediately complete and implement	Dr. Dennis	August 31, 2004	



# ADHS/DBHS STRATEGIC PLAN 2005 – 2009

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
active treatment plans for all patients at the Arizona State Hospital	Dr. Franczak Jack Silver Hospital Clinicians	160 treatment plans completed	
7. Review findings from Administrative Review, the Independent Case Review and the Arnold v Sarn Review Review, then targeted interventions as necessary.	Dr. Franczak Dr. Lederman Dr. Dennis Christy Dye Frank Rider Vicki Staples	September 30 2004 for RBHAs Findings reviewed and targeted intervention developed; implementation occurs ongoing  October 31, 2004 for TRBHAs Findings reviewed and targeted intervention developed; implementation occurs ongoing	
8. As part of efforts to inform stakeholders, collaborate with the Behavioral Health Higher Education Partnership to include information regarding the standardized assessment in future educational course content.	Heather Koch Stakeholders	June 30, 2006 Number of classes that include information regarding the ADHS assessment	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 2:** ENSURE PROVISION OF CONSUMER AND FAMILY-FOCUSED BEHAVIORAL HEALTH CARE

**Objective 3:** Ensure the Arizona Principles are implemented by out-of-home providers

**Lead Persons:** Frank Rider

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Continue to meet with state and local DES and behavioral health providers to monitor 24-hour behavioral health response for children being considered for placement into foster care.	Norma Garcia-Torres Susan Morgan Frank Rider	July 1, 2004 and Ongoing Number of referrals (DES urgent response)	
2. Create Out of Home Placement Practice Improvement Protocol that promotes individualized assessments and service planning and that facilitates Child and Family Team development in out of home care.	Luci Hodge Dr. Lederman Frank Rider	September 30, 2004 Workgroup initiated.  March 31, 2005 Practice Improvement Protocol completed	
3. Train RBHAs and providers and monitor implementation and effectiveness of Out of Home Placement Practice Improvement Protocol through the Independent Case Review process.	Luci Hodge Dr. Lederman Frank Rider QME Bureau Chief	April 15, 2005 Training schedule developed.  June 30, 2005 Training completed.  Fiscal Year 2006 Monitoring through Quality Management processes including Independent Case Review	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 2: ENSURE PROVISION OF CONSUMER AND FAMILY-FOCUSED BEHAVIORAL HEALTH CARE**

**Objective 4: Implement the federal grievance system requirements**

**Lead Persons: Tim Miller and Margery Sheridan**

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Modify contracts, policies, the Provider Manual and Member Handbook to include final federal grievance system requirements.	Dan Wendt Tim Miller Margery Sheridan Ann Froio	September 1, 2004 Contracts, Policies, member handbook and Provider Manual completed	
2. Train ADHS/DBHS, T/RBHA, provider and stakeholders about grievance system changes.	Tim Miller Margery Sheridan Heather Koch	May 1, 2005 Training initiative completed	
3. Conduct Quarterly Monitoring of ADHS/DBHS and T/RBHA compliance with federal requirements and provide targeted technical assistance based upon findings.	Margery Sheridan Tim Miller	September 30, 2004 December 31, 2004 March 31, 2005 June 30, 2005 and Ongoing until substantial compliance in quarterly reviews is demonstrated.	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 2:** ENSURE PROVISION OF CONSUMER AND FAMILY-FOCUSED BEHAVIORAL HEALTH CARE

**Objective 5:** Implement the statutory expansion of the oversight responsibilities of Regional Human Rights Committees to include the non-Medicaid, non-Seriously Mentally Ill population

**Lead Persons:** Tim Miller and Margery Sheridan

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Review the statute and rules to determine what, if any, changes to the rules need to be drafted.	Tim Miller Bob Sorce Dan Wendt ACDL Consumers AHCCCS	September 30, 2004 Review completed and needed changes identified in writing	
2. Rewrite rules to conform with statutory changes	Tim Miller Dan Wendt Bob Sorce Ann Froio	March 31, 2005 Rules revised and filed with Secretary of State's Office	
3. Modify ADHS and ADHS/DBHS policy to conform to the rule changes.	Tim Miller Dan Wendt	June 1, 2005 Policies revised and disseminated	
4. Rewrite by laws to correspond to policy and procedure changes	Tim Miller	July 31, 2005 By laws revised	
5. Train the T/RBHAs regarding Human Rights Committee oversight responsibilities and by-laws.	Tim Miller Jason Smith Training Unit	November 30, 2005 and ongoing Training completed	
6. Begin monitoring Human Rights Committee implementation of new by laws	Tim Miller Jason Smith	December 30, 2005 and ongoing Monitoring begun and Management Team updated quarterly	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 3: ENHANCE ACCESS TO SERVICES WHERE BARRIERS EXIST**

**Objective 1: Improve access to culturally competent behavioral health care**

**Lead Persons: Norma Garcia-Torres and Cora Bagley**

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Continue the Cultural Competency Committee meetings through out fiscal year 2004 and report activities and recommendations to management team	Norma Garcia-Torres Cora Bagley	July 1, 2004 and Ongoing Quarterly updates to the Management Team and Core Team	
2. Complete the Cultural Self-Assessment to inform the revision of the ADHS/DBHS Cultural Competency Plan and to pinpoint areas of needed training for ADHS/DBHS and the behavioral health community	Norma Garcia-Torres Cora Bagley	August 1, 2004 Revised Cultural Competency Plan Training areas identified	
3. Follow the DBHS Cultural Competency Plan including training ADHS/DBHS staff and the T/RBHAs.	Norma Garcia-Torres Cora Bagley Core Team	August 1, 2004 and Ongoing Quarterly updates to the Management Team and Core Team of accomplishments under the Plan, any revisions to the plan based on lessons learned, and next steps in rolling out the plan	
4. Identify and provide to the T/RBHAs key administrative and procedural documents in key languages.	Norma Garcia-Torres Cora Bagley Johnna Malici	January 31,2005 Presentation of information and documents to T/RBHAs	
5. Review current standards, then develop and communicate to the T/RBHAs standards of care that specifically address cultural competency (e.g. CLAS standards).	Norma Garcia-Torres Cora Bagley Johnna Malici	January 31,2005 Cultural Competency Standards completed	
6. Include cultural competency standards into the Division documents	Norma Garcia-Torres Cora Bagley Johnna Malici	March 15,2005 Revised division documents	

# ADHS/DBHS STRATEGIC PLAN 2005 – 2009

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
7. Collect and interpret data to identify points of disparity in service provision, inform management about the disparities and revise Cultural Competency Plan as directed.	Norma Garcia-Torres, Cora Bagley, Cultural Competency Committee - Data Subcommittee	August 1, 2005 Revised Cultural Competency Plan	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 3: ENHANCE ACCESS TO SERVICES WHERE BARRIERS EXIST**

**Objective 2: Improve access to care in rural and geographically remote areas**

**Lead Persons: Christy Dye**

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Review literature and issue papers of national rural health associations on key issues, including telemedicine, in rural mental health delivery.	Christy Dye Merv Lynch Bernadette Phelan Cassandra Rhoades Ray Thomas Linda Hayes Ed Zborower Norma Garcia-Torres Rose Cancellieri	February 15, 2006 Issue paper developed Action plan created based on analysis.	
2. Having identified rural health issues, develop and implement an action plan to improve access to care in rural and geographically remote areas as part of the Division's Network Development Plan	Christy Dye Network Development Teams	May 1, 2006 ADHS/DBHS Network Development Plan includes strategies to improve access to care in rural and remote areas	
3. Partner with colleges and universities to foster opportunities to develop providers in rural communities.	Heather Koch BH Higher Ed Partnership Cassandra Rhoades	June 30, 2006 Specific activities identified to develop behavioral health providers located in rural and remote areas	
4. Continue to assess the provider network sufficiency in rural and remote areas of the state	Christy Dye Norma Garcia-Torres Ray Thomas Tom Klemko	July 1, 2006 and Ongoing Quarterly network sufficiency analysis includes analysis of rural and remote area sufficiency	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 3: ENHANCE ACCESS TO SERVICES WHERE BARRIERS EXIST**

**Objective 3: Expand and enhance the statewide network of providers**

**Lead Persons: Dr. Franczak**

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Continue the Borderline Treatment Task Force	Dr. Dennis Karen Smith	June 30, 2005 Meetings held and best practices communicated as part of technical assistance and training	
2. Increase substance abuse detoxification service	Christy Dye Betsy Byler Ed Zborower Linda Hayes	July 1, 2005 Minimum network standards met in each GSA as proposed in each RBHA Annual Network Sufficiency Plan	
3. Continue expanding peer and family support services for all populations served	Christy Dye Vicki Staples Tom Klemko	July 1, 2005 Minimum network standards met in each GSA as proposed in each RBHA Annual Network Sufficiency Plan	
4. Increase Respite Services	Vicki Staples Tom Klemko	July 1, 2005 Minimum network standards met in each GSA as proposed in each RBHA Annual Network Sufficiency Plan	
5. Increase Therapeutic Foster Care Services	Vicki Staples Tom Klemko Jennie Lagunas	July 1, 2005 Minimum network standards met in each GSA as proposed in each RBHA Annual Network Sufficiency Plan	
7. Continue increasing prescribing clinician capacity	Dr. Dennis Dr. Franczak QME Bureau Chief	September 30, 2005 Sufficient prescribing clinician capacity in the statewide network of providers	



## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 4:** ESTABLISH A COMMON PRACTICE OF EARLY BEHAVIORAL HEALTH SCREENING, REFERRAL AND ASSESSMENT

**Objective 1:** Implement the early childhood assessment

**Lead Persons:** Dr. Lederman

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Prepare a draft Early Childhood assessment tool	Dr. Lederman Early Childhood Workgroup	July 30, 2004 Review draft with stakeholders,	
2. Finalize draft Early Childhood assessment tool	Dr. Lederman Luci Hodge Early Childhood Workgroup	October 15, 2004 Early Childhood Assessment tool completed	
3. Evaluate utility of Early Childhood assessment tool through pilot project	Dr. Lederman Luci Hodge Early Childhood Workgroup	February 28, 2005 Effectiveness of Early Childhood assessment tool assessed	
4. Train providers on new Early Childhood assessment tool	Dr. Lederman Luci Hodge Early Childhood Workgroup	June 30, 2005 Training completed	
5. Implement of Early Childhood assessment tool	Dr. Lederman Luci Hodge Early Childhood Workgroup	July 1, 2005 and Ongoing Incorporate Early Childhood assessment tool into ADHS policy	
6. Through the Early Childhood Subcommittee of the Assessment Committee, adjust Early Childhood assessment process as needed with feedback from clinicians	Dr. Lederman Luci Hodge Early Childhood Workgroup	June 30, 2006 Identified recommendations will be implemented	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 5:** PROMOTE SERVICE DELIVERY EXCELLENCE THROUGH IMPLEMENTATION OF BEST PRACTICES

**Objective 1:** Execute a systematic method to implement best practices<sup>1</sup> across the statewide publicly funded behavioral health system

**Lead Person:** Dr. Dennis and Dr. Franczak

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
<p>1. Work with service agencies and collaborative partners such as RBHAs and other State agencies to coordinate the use of best practices including:</p> <ul style="list-style-type: none"> <li>a. Participation in Governor's Drug and Gang Policy Council and Practice Committee</li> <li>b. Participation in the Children's IGA Executive Committee</li> <li>c. Continue participating with the Behavioral Health Planning Council</li> </ul>	<p>Christy Dye Frank Rider Ann Rock</p>	<p>July 1, 2004 and Ongoing</p> <p>Update Management Team quarterly</p>	
<p>2. Develop and appoint a Best Practices Subcommittee composed of membership derived from Clinical Coordinators Committee and Policy Committee members.</p> <ul style="list-style-type: none"> <li>a. Define regional factors necessitating adjustments to best practices; conduct periodic focus groups with consumers and family members and solicit consumer and family member participation in the Best Practices Subcommittee</li> </ul>	<p>Dr. Dennis Dr. Lederman Dr. Franczak Dan Wendt</p> <p>Subcommittee</p>	<p>December 1, 2004</p> <p>Subcommittee members and Chair appointed</p> <p>March 1, 2005 and Ongoing</p> <p>Update Management Team quarterly</p>	

<sup>1</sup> Best practices means evidence-based practices, promising practices or emerging practices.

# ADHS/DBHS STRATEGIC PLAN 2005 – 2009

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
b. Implement regionally adjusted best practices in each geographic service area, making certain the practice is sensitive and responsive to local issues and culture	Subcommittee	April 30,2005 and Ongoing  Best practices are implemented in each region and are communicated/tracked as part of the network development teams	
c. Utilize Higher Education Partnership to disseminate best practices	c. Heather Koch Cassandra Rhoades	April 30, 2005 and Ongoing  Dissemination begins as best practices are implemented in each region	
3. Best Practices Subcommittee continues to research and recommend best practices in the following areas:	Subcommittee Members to be appointed by 10/1/04	June 1, 2005 and Ongoing  Research in process  Monthly status update made to Clinical Coordinators Council  Quarterly status update made to Core Team	
a. SAMHSA recommended practices			
b. NASHMPD/NASADAD recommended practices			
c. Child and Family Teams/Az Principles			
d. Consumer and Family Involvement			
e. Unique Needs of the Child Welfare Population			
f. Psychotropic Medication Services			
g. Financing methods			
h. Substance Abuse Treatment			
i. Seclusion and Restraint Reduction			
4. Best Practices Subcommittee develops recommendations to systematically implement best practices	Subcommittee Members	July 1, 2005 and ongoing Recommendations made to Core Team and Clinical Coordinators Council; Technical Assistance Documents and	

# ADHS/DBHS STRATEGIC PLAN 2005 – 2009

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
		Practice Improvement Protocols are updated/revised/created	
5. Best practices are implemented in accordance with the plan developed by the Best Practices Subcommittee	Dr. Dennis Dr. Lederman Dr. Franczak Heather Koch Subcommittee members	January 1, 2006 and ongoing Practices implemented according to plan – this section will be updated after execution plan is developed	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 5: PROMOTE SERVICE DELIVERY EXCELLENCE THROUGH IMPLEMENTATION OF BEST PRACTICES**

**Objective 2 Continue to develop and implement the best possible publicly funded behavioral health system**

**Lead Persons: Ann Froio and Suzanne Rabideau**

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Continue to negotiate Inter Governmental Agreements with the Indian tribes, e.g. Navajo Nation, Pascua Yaqui, Gila River, San Carlos, and Colorado Indian Tribes, to reflect their vision for a publicly funded behavioral health system	Ann Froio Chris Petkiewicz Terri Speaks Dr. Dennis Dr. Franczak	July 1, 2004 and ongoing IGA Amendments and new IGAs are executed for FY 2005 and beyond	
2. Develop and Implement the Greater Arizona RFP	Suzanne Rabideau RFP Development Team	August 2004 RFP is let  February 2005 Contract awards  March 2005 and ongoing Implementation Oversight	
3. Implement the Maricopa County Contract	Suzanne Rabideau Michelle Ryan Contract Implementation Team	December 31, 2004 Implementation requirements are complete	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 6:** ENSURE THAT DATA COLLECTED IS REPORTED ACCURATELY AND MADE ACCESSIBLE

**Objective 1:** Improve the timeliness, completeness, accuracy and consistency of enrollment and disenrollment transactions and demographic data sets

**Lead Persons:** QME Bureau Chief and Dr. Franczak

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Conduct internal analysis on timeliness, completeness and accuracy of encounter submittal	QME Bureau Chief Demographic Subcommittee	May 31, 2004 Analysis completed	
2. Identify and target process improvement	QME Bureau Chief Demographic Subcommittee	June 15, 2004 Process improvement identified	
3. Present DRIIP project to RBHA Directors	QME Bureau Chief Dr. Franczak	June 30, 2004 Presentation made	
4. Meet with RBHAs to present targeted areas and obtain RBHA input	QME Bureau Chief Demographic Subcommittee	August 30, 2004 Meetings held, input obtained	
5. Complete report of findings and present to Core Team for review and approval	QME Bureau Chief Demographic Subcommittee	September 30, 2004 Report completed and presented to Core Team	
6. Implement identified changes	QME Bureau Chief Demographic Subcommittee	October 1, 2004 Implementation initiated	
7. Monitor submission of claims and encounters and provide reports to RBHAS	QME Bureau Chief Demographic Subcommittee	November 1, 2004 and ongoing Monitoring initiated	
8. Identify further problems and provide training, and technical assistance to RBHAs	QME Bureau Chief Demographic Subcommittee	November 15, 2004 and ongoing Further needed improvements identified Training and Technical Assistance provided	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

**STRATEGY 6:** ENSURE THAT DATA COLLECTED IS REPORTED ACCURATELY AND MADE ACCESSIBLE

**Objective 2:** Improve submission of claims and encounters received from providers and Regional Behavioral Health Authorities

**Lead Persons:** QME Bureau Chief and Dr. Franczak

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Present DRIIP project to RBHA Directors	QME Bureau Chief Dr. Franczak	June 29, 2004 Presentation given	
2. Review internal reports on timeliness, completeness and accuracy of data and data related policies	QME Bureau Chief Encounter Subcommittee	July 1, 2004 Report review completed	
3. Identify and target process improvement	QME Bureau Chief Encounter Subcommittee	July 15, 2004 Process improvement identified	
4. Interim training to address current needs (CIS manual)	QME Bureau Chief Encounter Subcommittee Training Unit	October 31, 2004 Training completed	
5. Meet with RBHAs to present targeted areas for improvement and obtain RBHA input	QME Bureau Chief Encounter Subcommittee	August 31, 2004 Meetings held	
6. Complete report of findings and present to Core Team for Review and approval	QME Bureau Chief Encounter Subcommittee	September 30, 2004 Report completed Presentation to Core Team made	
7. Implement identified changes and training RBHAs/providers	QME Bureau Chief Encounter Subcommittee Training Unit	October 1, 2004 Implementation initiated Training completed	
8. Monitor submission of 834 Enrollment/ Disenrollment and Demographic data and provide reports to RBHAs	QME Bureau Chief Encounter Subcommittee	November 1, 2004 and Ongoing Monitoring initiated	
9. Identify further problems and provide training, and technical assistance to RBHAs.	QME Bureau Chief Encounter Subcommittee	November 15, 2004 and Ongoing Further needed improvements identified; Training and technical	

## ADHS/DBHS STRATEGIC PLAN 2005 – 2009

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
		assistance provided	



**STRATEGY 6:** ENSURE THAT DATA COLLECTED IS REPORTED ACCURATELY AND MADE ACCESSIBLE

**Objective 3:** Improve the information and reports available to meet community needs

**Lead Persons:** QME Bureau Chief and Dr. Franczak

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?
1. Finalize methodology and quality control for Showing Report protocol	QME Bureau Chief Reports Subcommittee	May 30, 2004  Quality control completed  Monitoring ongoing	
2. Present DRIIP project to RBHA Directors	QME Bureau Chief Dr. Franczak	June 29, 2004  Presentation to RBHA Directors made	
3. Inventory all DBHS reports using CIS data	QME Bureau Chief Reports Subcommittee	August 1, 2004  Inventory completed	
4. Survey users (to include stakeholders and consumers) and analyze results of survey and inventory	QME Bureau Chief Reports Subcommittee	January 31, 2005  Survey completed  Analysis completed	
5. Complete report of findings and present to core team for review and approval	QME Bureau Chief Dr. Franczak Report Subcommittee	February 15, 2005 Report completed  Presentation made	
6. Begin implementation of: <ul style="list-style-type: none"> <li>• Identified changes</li> <li>• Establishing definitions</li> <li>• Establishing documentation standards</li> <li>• Training on report changes and improvements</li> <li>• Establishing web-based reporting</li> </ul>	QME Bureau Chief Report Subcommittee Training Unit	Begin March 15, 2005 and ongoing  Implementation initiated	